

4755 Ogletown-Stanton Road PO Box 6001 Newark, Delaware 19718-6001

302-733-1000

July 19, 2012

Environmental Protection Agency Director Air Protection Division 1650 Arch Street Philadelphia, PA 19103 AUG 01 2012

Subject: Initial Notification 40 CFR 63 Subpart ZZZZ

Dear Sir / Madam:

Enclosed is the Initial Notification Report for Christiana Care Health Services Christiana Hospital facility. The existing generators were previously classified as emergency use only. As of this July the units identified on the attached form have been modified with new emission controls to permit their use for other purposes than solely emergency power generation. The Initial Notification documents have also been submitted to the DNREC Division of Air and Waste Management.

Please feel free to contact me at (302) 733-3788 if you have any questions.

Sincerely,

Jeffrey Krebs,

Mechanical Engineering Manager

Initial Notification of Applicability^b

National Emission Standards for Hazardous Air Pollutants: Stationary Reciprocating Internal Combustion Engines 40 CFR Part 63 Subpart ZZZZ

Yes, I am subject to 40 CFR Part 63 subpart ZZZZ National Emission Standards for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines

NAICS code(s): 622110
Compliance Date: Existing source: May 3, 2013 New/reconstructed source: upon initial startup
Note: The May 3, 2013 compliance date for <u>existing sources</u> applies to the following engine types:
 Existing non-emergency compression ignition (CI) stationary RICE with a site rating of more than 500 brake HF located at a major source of HAP emissions
 Existing stationary CI RICE with a site rating of less than or equal to 500 brake HP located at a major source of HAP emissions
 Existing stationary CI RICE located at an area source of HAP emissions – four engines were previously classified as emergency use, but are being re-classified as non-emergency use and therefore will be subject to emissions standards. This notification is being submitted with the application to reclassify these engines.
Company name: Christiana Care Health Services, Inc.
Facility name (if different): Christiana Hospital
Facility (physical location) address: 4755 Ogletown Stanton Road Newark, DE 19718
My facility is a (please choose one): Major source Area source
Owner name/title:ROBERT A MULROONEY
Owner/company address: CHASTIANA CALC HOSP TALS
WILMINGON, DE

Owner telephone number:	(302) 733-3994
Owner email address (if available): _	RMULROONEY @CHRIST

If the Operator information is different from the Owner, please provide the following:

Operator name/title: Robert Mulrooney, V.P. Facilities and Services

Operator telephone number: (302) 733.3884

Operator email address (if available): 2MULROONEY @ CHRISTAWACARE. OR G

Brief description of the stationary RICE at the facility, including number of engines and the site-rated HP of each engine:

ID	ID Description	
Emission Unit 101	Emergency generator No. 1 (1,330 hp)	024200805
Emission Unit 102	Emergency generator No. 2 (1,330 hp)	024Z06 8 04
Emission Unit 103	Emergency generator No. 3 (1,330 hp)	024700 673
Emission Unit 104	Emergency generator No. 4 (1,330 hp)	024200803

I hereby certify that the information presented herein is correct to the best of my knowledge.

(Signature) 7/19/2011
(Signature) (Date)

RUSER - MULROUNEY | V. P. FALILLIES AND (302) 733-3894

(Name/title) SERVICES (Telephone No.)